

www.rafflesuniversity.edu.in



**RAFFLES
UNIVERSITY**

LEARNING | RESEARCH | PRACTICE | CONSULTING



Raffles University, Neemrana established as per Section 2 (f) of UGC Act is a multi disciplinary University providing world class education.

-: ENCLOSURE :-

**REGISTRATION FORM • APPLICATION FORM • MEDICAL FORM
ACCOMMODATION FORM • TRANSPORTATION FORM • ANTI-RAGING • FEE STRUCTURE & RECEIPTS**



**RAFFLES
UNIVERSITY**

RAFFLES UNIVERSITY

Japanese Zone, National Highway-8, Neemrana - 301 705, District-Alwar (Rajasthan) INDIA

Ph. : +91-01494-675555 • Cell : +91-9928777777

E-mail : admission@rafflesuniversity.edu.in • Web. www.rafflesuniversity.edu.in

REGISTRATION FORM

S.No.

ADMISSION SOUGHT TO :

- School of Law
- Alabbar School of Management
- School of Engineering & Technology
- School of Basic Science & Applied Sciences

Recent passport size photograph of the father to be pasted here.	Recent passport size photograph of the mother to be pasted here.	Recent passport size photograph of the student to be pasted here.
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Which Degree or Diploma would you like to apply for ? (Please Tick)

DIPLOMA

- Polytechnic

UNDERGRADUATE

- B.Tech B.Sc.
- BBA B.Com
- BCA BBA-LLB
- BA-LLB

POSTGRADUATE

- PGDM M.Sc.
- MBA M.Com
- M.Tech LLM

ANY OTHER COURSE

-
-
-

Full name of the Student _____

Date of Birth : Date Month Year in words

Nationality _____ Religion _____ Mother tongue _____

Category (GEN / SC / ST / ANY OTHER) _____

Father's Name _____

Mother's Name _____

Residence Address _____

Colony/Location _____ Pin Code _____ Res. Tel. No. _____

Mobile Nos. : Father _____ Mother _____

E-mail Address _____

REGISTRATION ACKNOWLEDGMENT

Received Registration form in respect of _____

Son/Daughter of _____

You are required to come for verification of documents on _____

at _____ for admission in _____

Date : _____

Note : kindly produce this slip at the time of verification.

Authorised Signatory

PARTICULARS

QUALIFICATION	STUDENT	MOTHER	MOTHER
Educational Qualification			
University (Name of the Institution)			
Professional Qualification (Name of the Institution)			
PARENT'S OCCUPATION			
Occupation			
Designation			
Name of the Organization			
Address of the Organization			
Office Tel. No.			
Office Timings			
IF IN BUSINESS			
(i) Nature of Business			
(ii) Whether single owner or partner			

Single Parent : Father Yes/ No Mother Yes/ No

INFORMATION ABOUT THE SIBLINGS (Cousins) Yes/ No if sibling in Raffles University give details

Name _____ Stream _____ Admission No _____

Does the students have some special needs ? Yes/No if yes, state the special needs. _____

Name of Previous School / Institution _____

Stream in which studying in the last school / institution _____

Medium of Instruction _____

Proficiency in sports / co-curricular / outstanding achievements (if any) _____

UNDERTAKING FROM THE PARENTS

I/We hereby certify that the above information provided by me/us is correct and I/we understand that if the above information is found to be incorrect or false, the ward shall be automatically debarred from selection / admission process without any correspondence in this regard. I/we also understand that the application / registration / short listing does not guarantee admission to my ward. I/we accept the process of admission undertaken by school and I/we will abide by the decision taken by the school authorities.

Date _____

Mother's Signature

Father's Signature

----- ✂ ----- ✂ -----



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Recent
passport size
photograph to be
pasted here

Sign Here

IN WHICH COLLEGE YOU WOULD LIKE TO APPLY ?

- School of Law
- Alabbar School of Management
- School of Engineering & Technology
- School of Basic Science & Applied Sciences

FOR OFFICIAL USE ONLY

Form No. : Student's Id :

ADMISSION APPLICATION FORM

Please complete this form in **BLOCK LETTERS**

Which Degree or Diploma would you like to apply for ? (Please Tick)

DIPLOMA

Polytechnic

UNDERGRADUATE

- B.Tech B.Sc.
- BBA B.Com
- BCA BBA-LLB
- BA-LLB

POSTGRADUATE

- PGDM M.Sc.
- MBA M.Com
- M.Tech LL.M

ANY OTHER COURSE

-
-
-

STUDENT'S INFORMATION

Name

Scholarship Applied

Gender

Male Female

Date of Birth

Date of Birth in words

Blood Group (Enclosed Blood Test Result)

Religion

Nationality

Caste

COMPLETE ADDRESS DETAILS (if foreign National, Visa must be in the name of Raffles University)

Residential Address :
Correspondence Address :

Land line No. : (R)
Lane line No. : (O)
Parent's Mobile No. :
Student's Mobile No. :
Emergency Contact No. :
Parent's E-mail Id. :
Student's E-mail Id. :

EDUCATIONAL BACKGROUND

LEVEL	YEAR OF PASSING	SCHOOL/ COLLEGE	BOARD/ UNIVERSITY	SUBJECTS	AGGREGATE MARKS/DIVISION (BEST OF 5 SUBJECTS)
High-School/ Class - X					
Class XII / IB / IGCSE or Equivalent					
B.Tech / B.Sc. B.Com / BBA B.E. or Equivalent					
Any Other Qualification					

Note : Please enclose copies of all mark sheets along with the application form.

PROVIDE DETAILS OF STANDARDIZED TESTS :

NAME OF TEST	DATE OF TEST	SCORE
GMAT / GRE		
CAT / CLAT		
MAT		
SAT		
TOEFEL		
IELTS		

Enclose copies of the official results for completed tests.

ADDITIONAL TRAINING

Please specify any courses of study or training, including on the job training, which did not result in a formal qualification. If not, mention N.A.

LEVEL	SUBJECT/MAJOR	INSTITUTION & PLACE OF STUDY	COMPLETION DATE

DETAILS OF ANY PERIOD OF EMPLOYMENT (IF ANY) :

Employer's Name : _____
Employer's Address : _____
Telephone No. : _____
Your Position and Start Date : _____
Brief Description of Duties : _____
Date of Appointment and Period of Service : _____

FAMILY BACKGROUND

RELATION	FATHER	MOTHER	BROTHER / SISTER	BROTHER / SISTER
NAME				
QUALIFICATION				
PROFESSION				
ORGANISATION				
DESIGNATION				
ANNUAL INCOME (Rs.)				

DO YOU REQUIRE ON-CAMPUS ACCOMMODATION DURING THE PERIOD OF YOUR STUDY AT RAFFLES YES NO**DO YOU REQUIRE TRANSPORTATION FACILITIES** YES NO**REFERENCES** Please attach two references related to you

Name :
Address :
Land line No. :
Mobile No. :
E-mail Id :

Name :
Address :
Land line No. :
Mobile No. :
E-mail Id :

ARE YOU APPLYING TO ANY OTHER INSTITUTION / UNIVERSITY ? YES NO**HOW DID YOU LEARN ABOUT THE COURSE FOR WHICH YOU ARE APPLYING ?**

- Family
- Friends
- School / Coaching Centre
- Hoarding
- Website
- Newspaper

Name of the Newspaper : _____

Other sources (please Specify) : _____

UNDERTAKING

I/We hereby certify that the above information provided by me/us is correct and I/we understand that if the above information is found to be incorrect or false, the ward shall be automatically debarred from selection / admission process without any correspondence in this regard. I/we also understand that the application / registration / short listing does not guarantee admission to my ward. I/we accept the process of admission undertaken by Raffles University and I/we will abide by the decision taken by the RU's authorities.

STUDENT'S SIGNATURE

Date _____

PARENT'S SIGNATURE

Date _____

ENCLOSURES

- Class 10th Mark Sheet
 Class 12th Mark Sheet
 Undergraduate Mark Sheet
 2 Passport size Photographs

- Transportation Form
 Hostel Form
 Demand Draft
 OTHER

Application form for Admission will be processed only when DD of required registration fees along-with the all supporting documents has been received. Kindly send the duly completed application form to :

ADMISSION OFFICE :**RAFFLES UNIVERSITY**

Japanese Zone, NH-8

Neemrana - 301 705 (Raj.)

Ph. : +91-1494-675555

E-mail : admission@rafflesuniversity.edu.inWeb. : www.rafflesuniversity.edu.in**OFFICE USE ONLY**

Receipt No.	Amount (Rs.)	SIGNATURE
Mode of Payment	Date	

Institution	Course	Category	Admission	Granted	Not Granted
Branch/Specialization					
Fee Structure		Scholarship (if any)		Uniform	
Recommending Authority		Name		Signature	
Admission Approved by		Chairman		Secretary	
				Date	

FAMILY HISTORY OF ANY MAJOR ILLNESS

MAJOR ILLNESS	YES	NO
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Leprosy	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Ischemic Heart Diseases	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>

Identification Marks	(A)	(B)
ICI		Blood Group

I hereby declare that all the above answers are to the best of my knowledge true and correct. I fully understand that I will be held responsible for the accuracy of the above statement.

Signature of Father / Guardian

Signature of Student

TO BE FILLED BY A DOCTOR OF MEDICINE (PHYSICIAN)

Doctor's Name		Regd. No.	
Qualification		Age	
Examination of		ENT	
Blood Pressure		Cardio System	
Respiratory System		Nervous System	
Intellectual Ability		Hearing	
Disabilities (if any)			
Evidence of Drug Taking (eg. venous puncture marks)			
Please List Significant History or Findings			
	Abnormal Findings (if any)		

I declare that I have examined the applicant and that this is a true & correct record of my findings.

Clinic / Hospital Address			
			Contact No.
Date & Time			Signature with Stamp

Terms & Conditions

1. Student must pay at least one semester Residence fee before they move in the accommodation.
2. Residence is allotted for a minimum period of one year. Leaving Residence prior to one year. will attract at least one year Residence fee.
3. At least two month advance notice is required before vacating the residence. Falling which a residence fee equivalent to one semester will be charged.
4. Issue of duplicate key of Room / Almirah is chargeable @ Rs. 200/- per key.
5. Students are responsible for their own belongings. Management will not be responsible under any condition whatsoever they may be.
6. All residents must adhere to Basic House Rules, which includes :
 - (a) No loud music or noise
 - (b) No consumption of Tobacco (in nay form), Alcohol, drugs
 - (c) No visitors after 07:00 pm.
 - (d) No pets or animals.
7. All residents must adhere with all rules maintained in students hand book which will be given to them of joining.

I hereby acknowledge of having read and fully understood all the above Rules and agree to accept and abide by them without dispute.

Student's Signature
Name :
Date :

Staff on Duty
Name :
Date :

Terms & Conditions

1. Student must pay at least one semester transport fee before getting the transport card.
2. Transport is allotted for a period of one year. Leaving transport prior to one year will attract at least one year for transport fee.
3. At least two months advance notice & required before leaving the transport.
4. If student is found damaging bus properly in any manner, strict administrative action will be taken.
5. Students are required to reach their stop 5 mint. before the scheduled time.

I hereby acknowledge of having read and fully understood all the above Rules and agree to accept and abide by them without dispute.

Student's Signature
Name :
Date :

Staff on Duty
Name :
Date :



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ANTI-RAGGING

Undertaking / Affidavit Format

I _____ S/D/W/o _____
resident of _____
student of Course _____ Branch _____ Session _____ Semester _____
at (Name of school) _____ affiliated to the Raffles University
Act 2011", Act no. 10 of 2011 of Govt. of Rajasthan hereby solemnly affirm and declare :

1. That I have carefully gone through the Rules and Regulations of Raffles University and its Constituent Institutes. Neemrana pertaining to Anti-ragging policies / procedures as per directives of Hon'ble Supreme Court of India dated May 16, 2007 concerning menace of ragging in Universities / Institutions.
2. That I fully understand, the menace of ragging in any form is a punishable offence under the prevailing law.
3. That I shall not get involved in ragging of any form directly or indirectly, and shall abide by all rules and regulations prescribed by the University / School / State Government / Central Government / UGC / AICTE and any Court of Law.
4. That if I am found indulged in any form of ragging / in disciplinary activities directly or indirectly. I shall be solely responsible for all damages and risks and my admission / enrolment in the said course will automatically get cancelled.
5. That I shall accept all decisions / legal proceeding of the University / School Discipline / Anti-ragging Committee, without any objection.

Signature of Father / Guardian

Signature of Student

Date : _____

Note : Every student of the Institute and his / her parents or guardian are required to submit this undertaking with a stamp of Rs. 10 affixed on it at the time of registration.



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For Further Enquiries

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